



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064**

October 22, 2002

Weyerhaeuser Technology Center  
ATTN: Norma J. Lupkes  
Radiation Safety Officer  
32901 Weyerhaeuser Way So.  
Federal Way, WA 98001

SUBJECT: NRC FORM 241

Ms. Lupkes:

This acknowledges receipt of NRC Form 241 dated October 17, 2002, and the \$1400 application fee, submitted to the NRC Region IV office to report proposed activities in NRC jurisdiction under the authority of the general license pursuant to 10 CFR 150.20.

Your Agreement State license is recognized as valid for the proposed use of licensed material at the location listed on your Form 241. Please be aware that working under reciprocity in NRC jurisdiction requires you to comply with NRC regulations, as described in 10 CFR 150.20.

The calendar year 2002 RTS Reference number for your proposed location of work is as follows:

| RTS Reference Number | Proposed Location of Work                           |
|----------------------|---|
| 001095               | Weyerhaeuser Paper, Business Hwy 51, Rothschild, WI |

Please refer to this RTS Reference number in any future communications. You must make changes to the initial NRC Form 241 when you propose to add locations of work, add or delete dates of work, change work site contacts, use different radioactive materials, or elect to perform additional work activities within NRC jurisdiction and provide those changes to this office prior to the start of your work.

Please note, all notifications of work activities or changes to the information submitted on the initial NRC Form 241 must include as a minimum the following information: licensee name, agreement state license number, location of work, dates of work, and the signature of the RSO or designee.

Information submitted on Form 241 must be specific regarding the location and dates of use. You are required to notify this office three days prior to any of the proposed generally licensed activities. However, given the nature of your licensed activities, the time requirement specified in 10 CFR 150.20(b)(1) for the filing of NRC Form 241 and any subsequent notifications have been waived, provided that you:

- A. Inform this office by telephone or facsimile of work activities or changes to the information submitted on the initial NRC Form 241, and
- B. Receive oral or written authorization for the activities from this office, and
- C. Submit written confirmation and the check for the fee payment, if applicable, within 3 days after the notification.

Enclosed is an NRC signature copy of your NRC Form 241. We appreciate your cooperation. If you have questions concerning this letter or other aspects of working in NRC jurisdiction under reciprocity, please contact me at 817-276-6552.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter, and your response (if any) will be made available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

**/RA/**

Rachel S. Browder, Health Physicist  
Nuclear Materials Licensing Branch

Enclosure: As stated

cc w/copy of NRC Form 241 and Materials License:  
Washington Radiation Control Program Director



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MEMORANDUM TO: Shirley Crutchfield  
License Fee and Accounts Receivable Branch (T9 E10)

FROM: Rachel S. Browder, Health Physicist  
Nuclear Materials Licensing Branch, Region IV

SUBJECT: FEE TRANSMITTAL

**A. Region IV**

1. NRC FORM 241 ATTACHED:

|                          |                                |
|--------------------------|--------------------------------|
| Applicant/Licensee:      | Weyerhaeuser Technology Center |
| NRC Form 241 Dated:      | October 17, 2002               |
| Agreement State License: | WN-L083-1                      |
| Program Code(s):         | 03121                          |

2. FEE ATTACHED:

|                |                   |
|----------------|-------------------|
| Amount: \$1400 | Check: # 89499683 |
|----------------|-------------------|

3. COMMENTS:

**B. LICENSE FEE AND ACCOUNTS RECEIVABLE BRANCH**

1. Fee Category and Amount:\_\_\_\_\_

2. Correct Fee Paid. Submittal may be processed for:

General License \_\_\_\_\_

Signed\_\_\_\_\_ Date:\_\_\_\_\_